

New Hampshire Developmental Services Quality Council

Cathy Spinney, Chair
Area Agency Board Member

Robin Carlson, Vice Chair
Enhanced Family Care Provider

Members

Kathy Bates
NH Council on Developmental Disabilities

Linda Bimbo
Institute on Disability

Dick Cohen
Disability Rights Center

William Cohen
Area Agency Board Member

Denise Colby
ABLE New Hampshire

Maureen Fitzhenry
Family Support Council Member

Laurie Giguere-Thomas
Family Support Council Member

Brian Huckins
NH Council on ASD Member

Debra McClure
Family Support Council Member

David Ouellette
NH Council on Developmental Disabilities

Amber Parshley
People First of New Hampshire

Jennifer S. Pineo
Area Agency Board Member

John Richards
Brain Injury Association of NH

Chris Santaniello
Community Support Network, Inc.

Denise Sleeper
Bureau of Developmental Services

Barbara Wilson
Direct Support Provider

Brian Young
Private Provider Network

Bureau of Developmental Services
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6 February 2015

The Honorable Maggie Wood Hassan
Office of the Governor
State House
107 North Main Street
Concord, NH 03301

Dear Governor Hassan:

The Quality Council for Developmental Services has completed its report on our most recent activity (October 2013 through September 2014), fulfilling our requirement outlined in the law establishing the Council.

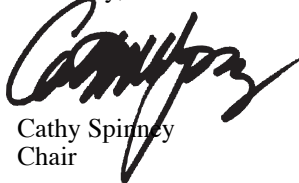
The Council continued its primary objective of constantly monitoring best practices in services; reviewing administrative rules as they come due for reauthorization and offering feedback and recommendations; monitoring legislation related to DD/ABD area, reviewing available data reports including employment, complaint investigations, and National Core Indicators to help inform and facilitate discussions of quality leading to formal recommendations by the Quality Council to BDS and/or the legislature. Several recommendations have been made to DHHS during this period and the Council is still awaiting responses. We continue to closely monitor the progress of Medicaid Managed Care and its effect on people with disabilities.

The Council continues to be on the record in support of retaining our developmental services delivery system under the authority of family-governed, locally controlled, non-profit Area Agencies rather than the profit-driven commercial models. We are disturbed by a trend in denials of Medicaid services, therapies, medications, etc during the Step 1 Acute phase of implementation. However, when asked by BDS to assist them in formulating recommendations for contract content and language should commercial LTSS for this population become a reality, the Council agreed its panel of experts from all major stakeholder groups was best suited to this task. This is a comprehensive work created over many months by individuals contributing countless hours of volunteer time and energy.

The attached Quality Council Annual Report along with all the current activity of the Council can be found on the DHHS web site by visiting
<http://www.dhhs.nh.gov/dcbcs/bds/qualitycouncil/index.htm>

Please forward any questions or comments to me directly at cspinney58@gmail.com or (603) 635-9014.

Sincerely,



Cathy Spinney
Chair

cc: Nicholas A. Toumpas, Commissioner DHHS
Lorene Reagan, Administrator BDS
Chuck Morse, Senate President
Shawn Jasper, Speaker of the House

Senate HHS Committee Members
House HHS Committee Members

THE NEW HAMPSHIRE DEVELOPMENTAL SERVICES QUALITY COUNCIL

*ANNUAL REPORT TO THE NEW HAMPSHIRE LEGISLATURE
OCTOBER 2013 – SEPTEMBER 2014*

INTRODUCTION

In 2009 the New Hampshire legislature passed, and Governor Lynch signed into law, HB 483 establishing the New Hampshire Developmental Services Quality Council (hereafter referred to as the Quality Council). The creation of the Quality Council came about as a result of the State Legislature's repeated consideration of issues affecting New Hampshire's developmental services system. In 2007 the New Hampshire Legislature passed SB 138 providing funding for the developmental services wait list, increasing salaries for certain direct care workers, and establishing a broadly representative committee (known as the SB 138 Committee) to improve the capacity of New Hampshire's developmental services system to address workforce and quality assurance issues. The committee's final report, *SB 138 Quality Improvement Committee Report*, issued in November 2008 recommended establishing, in statute, an ongoing council to review quality assurance efforts and make recommendations to improve the ability of the developmental services system to meet the needs and goals of the individuals it serves. The purpose of the Quality Council would be "to provide leadership for consistent, systemic review and improvement of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system." (See Addendum #1 – RSA 171-A:33)

By statute the Quality Council is required to report to the New Hampshire Legislature. This is the Council's fourth report; it covers the Quality Council's work and achievements from October 2013 through September 2014.

ORGANIZATIONAL STRUCTURE AND SUPPORT

In its first year, the Quality Council created an organizational structure and adopted by-laws. The by-laws call for the Quality Council to meet at least six times a year with an annual meeting in September. (The 2013 annual meeting was moved to October to coincide with the Council's all day planning retreat.) Quality Council meetings are open to the public and a period for public comment is included on every Council agenda. The Quality Council's meeting

schedule, agenda, and meeting minutes are posted on the Department of Health and Human Services (DHHS) website at <http://www.dhhs.nh.gov/dcbcs/bds/qualitycouncil/>

In accordance with its bylaws, the Quality Council has two elected offices, Chair and Vice Chair. At the 2013 annual meeting, Council members reelected Cathy Spinney Council Chair and elected Robin Carlson Council Vice Chair. At the Council's September 2014 annual meeting both of these officers were reelected for another term.

The Quality Council met monthly until May 2013 when members voted to change the meeting schedule to every other month with Council subcommittees meeting on the alternate months, or more often as needed. During this reporting period, the full Quality Council held an all-day planning retreat and annual meeting in October 2013 and convened six monthly meetings. The Council's Medicaid Managed Care Subcommittee met regularly throughout the year. The Council's other subcommittees met less frequently; the Transparency and Workforce Training Subcommittees did not begin meeting until early summer.

The Bureau of Developmental Services provides administrative support to the Quality Council, including: 1) staffing for meetings and work projects, 2) researching issues that come before the Council, 3) access to E-studio (a secure on-line workspace used by Council members to post information and share materials), and 4) maintaining a Quality Council link on the DHHS website.

The Quality Council meetings are held at the New Hampshire Council on Developmental Disabilities in Concord; Council members have the option of participating in meetings via teleconference or online using Go To Meeting technology.

QUALITY COUNCIL MEMBERSHIP

The membership of the Quality Council as defined in the statute includes representation from the Bureau of Developmental Services, Area Agency Boards of Directors and Family Support Councils, the Institute on Disability, the Brain Injury Association of New Hampshire, the New Hampshire Council on Developmental Disabilities, the Disability Rights Center, the Autism Society of New Hampshire, People First of New Hampshire, ABLE NH, and the Private Provider Network. The statute also calls for one direct support professional and one enhanced family care provider, appointed by the New Hampshire Council on Developmental Disabilities. At least 51% of Council members shall be individuals served by the State's developmental system or parents of individuals

who are served by the system.

The Quality Council has a committed and active membership. Since its first meeting in September 2009, there has been a quorum at every Council meeting except for two. In addition to the bimonthly meetings, nearly all members serve on at least one Quality Council subcommittee. (See Addendum #2 - *New Hampshire Developmental Services Quality Council Members*) The amount of time volunteered and the quality of professional experience and expertise provided by Council members has been exceptional. During this reporting period, members have donated over 208 hours of service to the Council.

While more than half of the Quality Council's active members are individuals with developmental disabilities or parents of individuals with disabilities, the Council has had difficulty maintaining consistent representation from People First of New Hampshire, ABLE NH, and the Family Support Councils. The Council's representatives from People First and from ABLE NH have each attended only one meeting during this reporting period and are not active on Council subcommittees. Enabling legislation calls for the Quality Council to have three representatives from local Family Support Councils appointed by the State Family Support Council. Historically, the Council has struggled to have full Family Support representation at its meetings. In the past year, only two meetings had complete representation from the Family Support Councils.

Enabling legislation also called for Council membership to include representation from the Autism Society of New Hampshire. In response to the dissolution of the Autism Society, at its 2013 annual meeting the Council recommended that the New Hampshire Council on Autism Spectrum Disorders be invited to send a representative to the Quality Council. In the 2014 session, the State legislature passed HB 1431 amending the Quality Council's membership statute, RSA 171-A:33, I(d), to replace the representative of the Autism Society with a representative of the New Hampshire Council on Autism Spectrum Disorders.

QUALITY COUNCIL FOCUS AND PRIORITIES

By statute, the Quality Council is charged with reviewing rules to ensure that the State's developmental services system works as intended in RSA 171-A:1. To meet this obligation, the Council reviews all proposed changes in developmental services regulations. The Quality Council also tracks proposed legislation that could impact individuals with developmental disabilities and acquired brain disorders and their families and, when appropriate, members testify on behalf of the Quality Council at legislative hearings.

The Quality Council also reviews data from regularly issued and special governmental reports and makes recommendations as needed. The Council reviews the Bureau of Developmental Services' quarterly Employment Report, Complaint Investigation Reports, and annual Mortality Report. The Quality Council is represented on the Bureau of Developmental Services National Core Indicators subcommittee and the full Council reviews the annual National Core Indicators Report.

Medicaid managed care has been a top priority of the Council since June 2011, when then Governor Lynch signed into law Senate Bill 147 requiring the Department of Health and Human Services (DHHS) to implement a managed care model for financing and delivering all of its Medicaid-funded services. New Hampshire's developmental services system is funded almost entirely by Medicaid. From the outset, the Quality Council has been deeply concerned about the potential impact that managed care will have on the availability and quality of long-term supports and services for New Hampshire residents with developmental disabilities and acquired brain injuries. The Council has formally opposed DHHS's plan to contract with commercial managed care organizations (MCOs) to deliver long-term services and supports for individuals served by the State's developmental services system. In the Step 1 implementation of Medicaid managed acute care, the Council has seen a disturbing trend in denials of medical services, including critically necessary ongoing therapies, for individuals with developmental disabilities and acquired brain injuries. These denials are in violation of service guarantees under RSA 171:A, the State law regulating the developmental services system.

At its 2013 annual meeting, the Quality Council selected three additional areas of focus for the coming year: Life Domains, Transparency, and Workforce Training; subcommittees were created to work on these issues.

REVIEW OF RULES, REGULATIONS, AND SPECIAL REPORTS

The Quality Council reviews State developmental services regulations as they come up for renewal and recommends changes to ensure that the regulations retain their relevancy for the current service system. During this reporting period, the Quality Council reviewed regulations concerning: 1) eligibility and the process of providing services; 2) the delivery of in-home supports and employment services; 3) certification of residential/day services or self-directed services provided in the family home; 4) supported independent living; and 5) rights protections for developmental services, including abuse and neglect reporting and investigations.

He-M 503 Eligibility and the Process for Providing Services – The Quality Council’s 503 Subcommittee has continued to review and recommend additions and changes to this regulation, which is up for renewal in 2015. This is a lengthy process as the majority of regulations for the State’s developmental services system are found in He-M 503. Examples of the Quality Council’s recommended changes to this regulation during this reporting period include:

- Conducting personal safety assessments for purposes of assessing and addressing behaviors and environmental factors that may pose a risk of harm to the individual or others.
- Including an assistive technology evaluation as part of the individual’s initial evaluations and on an annual basis.
- Requiring the area agency process for eligibility determination to be completed in a timely manner to ensure new services are in place when the child turns 3 and to allow current services to be continue without interruption.
- Making funding available for individuals graduating or exiting school to ensure needed services and supports are in place when students leave school.
- Considering residential choices outside of the family home for adults and pursuing living arrangements outside the family home when this is determined to be the least restrictive alternative for the individual.

He-M 521 Certification of Residential Services, Combined Residential and Day Services, or Self-Directed Day Services Provided in the Family Home Regulations – At the January 2014 meeting the Quality Council discussed the proposed regulatory change to required integrated smoke detectors (paid for by the State) in family homes where services are being provided.

He-M 524 In-Home Supports Regulations – The Quality Council made recommendations for changes in these two regulations as part of their work to address issues that were raised in the Disabilities Rights Center’s 2011 white paper, *Examining Preventable Deaths in the Developmental Services System*.

He-M 530 Supported Independent Living – In January 2014, the Quality Council was reviewed draft regulations for services and supports for Independent Living Services. (Currently, there are approximately 450 people receiving these services; typically these are individuals who are living on their own and receive a few hours of support a week to help them continue to living independently.)

National Core Indicators 2012-2013 Adult Outcome Survey – At the July 2014 meeting, the Council voted unanimously to work collaboratively with the

Quality Assurance Committee of the Community Services Network, Inc. (CSNI) to review data from the survey and, based on survey findings, to develop recommendations for improvements in the State's developmental and acquired brain disorders services system.

Care Management and Employment Task Force Draft Report – In July 2014, the Quality Council received the draft report from the Care Management and Employment Task Force. The Task Force's recommendations called for DHHS to adopt universal Employment Policies and regulations that clearly articulate and facilitate employment as a preferred service option, based on the interests and preferences of the individual. The Task Force called for DHHS's contracts with MCO's to include benchmarks and performance measures on integrated employment outcomes.

STATE LEGISLATION

During this reporting period, the Council followed several pieces of State legislation including: Medicaid Expansion, SB 414 Medicaid funding for therapies, SB 396 the Child Restraint Bill, and HB 1174 to create a study committee to consider abolishing payment of sub-minimum wages. Several organizations represented on the Council – New Hampshire Council on Developmental Disabilities, Disabilities Rights Center – NH, and CSNI – closely follow and regularly testify on proposed legislation that could potentially impact individuals with disabilities and their families. During the legislative session, the Council receives regular updates from these representatives on the status of these bills.

BUREAU OF DEVELOPMENTAL SERVICES COMPLAINT INVESTIGATIONS

In its first year the Quality Council supported changes in He-M 202 (the State regulations governing client rights) that shifted the responsibility for conducting formal complaint investigations from the Area Agencies to the Bureau of Developmental Services. The Quality Council now receives regular updates on complaint investigations from the Bureau of Developmental Services. Melissa Nemeth, the new attorney with the Bureau's Office of Client and Legal Services reported to the Council at their May and July meetings.

MEDICAID MANAGED CARE

Since June 2011, the Quality Council has been closely following New

Hampshire's implementation of Medicaid Managed Care. The agenda for every Quality Council meeting includes an update on this initiative. The Quality Council's Medicaid Managed Care Subcommittee is charged with staying abreast of this issue. The purpose of the subcommittee is twofold: 1) to prevent New Hampshire's developmental services system from being put into managed care and 2) if DHHS moves forward with including developmental services in Medicaid Managed Care, to ensure that the Quality Council has a voice in framing how this will happen and what it will look like.

At its 2013 annual meeting, the Council voted to formally recommend that an independent quality assurance enforcement entity be established outside of, or administratively attached to, the Department Health and Human Services to develop and implement an external review system for Medicaid Managed Care. On October 18, 2014 Quality Council Chair Cathy Spinney send a letter to DHHS Commissioner Toumpas with this recommendation. The Commissioner has not responded to the Council's letter. (See Addendum # 3 – *Letter to DHHS Commissioner Toumpas – October 18, 2013*)

Bureau of Developmental Services Director Lorene Reagan attended the Council's March 2014 meeting and asked for the Council's support in developing the Bureau's recommendations for implementation of Step 2 of Medicaid Managed Care (the move to put Medicaid funded long-term services and supports (LTSS) for individuals with developmental disabilities or acquired brain disorders under managed care). In their discussion with Director Reagan, members were clear that the Quality Council remains firmly opposed to having Medicaid managed care for developmental and acquired brain disorder services and will continue to fight this move. However, they also recognized the importance of having a voice in the process and agreed to work with the Bureau. The Council's Medicaid Managed Care Subcommittee assumed responsibility for drafting recommendations on managed LTSS. Karen Kimball joined this subcommittee as the Bureau's representative.

On August 20, 2014 more than 50 people attended the Quality Council Forum on Medicaid Managed Care. The forum was part of series of Medicaid Care Management Step 2 Stakeholder Input Sessions with the Bureau of Developmental Services. Council Chair Cathy Spinney and Council member Chris Santianello shared a PowerPoint presentation on the Council's response to Medicaid Managed Care, including recommendations for what a long-term Managed Care System must include for individuals with developmental disabilities and/or acquired brain disorders and their families. (See Addendum #4 – *Quality Council Medicaid Managed Care Presentation – August 20, 2014*)

At the forum, Bureau Director Lorene Reagan provided a summary on DHHS

implementation of Medicaid Managed Care. She asked those attending the forum for input on the following questions: 1) What works in terms of how your Medicaid services are provided? 2) What are the 'lessons learned' from Step 1 implementation? 3) What should be included in Step 2 of Medicaid Managed Care, and 4) What are the most important things that should be measured to make sure that the Medicaid Managed Care is working well?

During this reporting period, the Quality Council's Medicaid Managed Care Subcommittee studied the issue of managed care for LTSS. The subcommittee reached out to other states to learn about their experiences with managed LTSS. They also gathered input from individuals and families; this included getting feedback about their dealings with MCOs during the implementation of Step 1 Medicaid Care Management for acute care. The Subcommittee drafted a report with detailed recommendations for what the State should include in its contracts with MCOs that would be providing long-term care services.

The report's recommendations called for Medicaid Managed Care for Long-term Supports and Services to reflect the following New Hampshire values:

- Dignity of Risk
- Freedom of Choice (Including Selection of Providers and Services)
- Self Determination
- Personal Empowerment for Individuals and Their Families
- Person and Family-Centered Planning and Care
- Community-Based Services
- Transparency
- High Quality Services
- Effective Oversight of Services
- Support for Employment
- Collaboration Among All Stakeholders (including individuals receiving services and their families, providers, and State agencies)
- Social Role Valorization

The Quality Council is in the process of reviewing and refining the Medicaid Managed Care Subcommittee's report. In January 2015, the Quality Council will present its final report and recommendations to DHHS and the Governor's Commission on Medicaid Managed Care.

Quality Council Chair, Cathy Spinney, has been invited to present the Council's concerns with Medicaid Managed Care at the November 14, 2014 meeting of the DHHS Medicaid Oversight Committee. The presentation will include a review

of RSA 171-A violations that have occurred during Step 1 implementation of Medicaid managed acute care. The Chair also will provide a preview of the Quality Council's recommendations for what needs to be included in the State contract with MCOs for long-term supports and services for individuals with developmental disabilities and acquired brain injuries.

WORKFORCE TRAINING

The Quality Council recognizes the importance of having a highly qualified direct support workforce and has been a longtime advocate for improved wages and training for New Hampshire's direct support professionals (DSPs). The Workforce Training Subcommittee will continue the Quality Council's efforts to put in place quality training options, including a DSP certificate program for this workforce.

As envisioned, professional development would be available for DSPs, DSP supervisors, as well as service coordinators/case managers working for programs funded by the Department of Health and Human Services. This includes workers who provide services to persons with development disabilities, brain injuries, mental illness, physical disabilities, and older adults who are in need of direct support or personal care. The Quality Council recommended creating, in statute, an independent Certification and Workforce Development Board to oversee this effort. The Council is continuing to seek funding to implement a certification system for New Hampshire's direct support workforce.

In September 2014, Dick Cohen, chair of the Workforce Training Subcommittee, asked for the Quality Council to approve a letter from the subcommittee to DHHS Commissioner concerning the status of recommendations from the Council for corrective actions to address issues raised in the Disabilities Rights Center - NH's 2011 White Paper – *Examining Preventable Deaths in the Developmental Services System*. The subcommittee would like a formal response from DHHS in order to not duplicate any work that may already be underway. Denise Sleeper, DHHS representative to the Council, said there are points in the letter that are being addressed by the Bureau. After discussion, the Council voted to send the letter to Bureau Director Reagan rather than to the DHHS Commissioner, with a request for a response by the October 2014 Council meeting. (See Addendum #5 – *Letter to Bureau of Developmental Services – Re: Update on the DRC-NH White Paper Recommendations*)

TRANSPARENCY

The Quality Council believes that for families and individuals to be able to make informed decisions about their supports and services, they need to have much better access to information. At its 2013 planning retreat, the Council formed a Transparency Subcommittee to look at how to improve accessibility to information and general transparency in New Hampshire's developmental services system. During this reporting period, the subcommittee met in June and September. Members agreed the subcommittee's focus will be to ensure that families with young adults transitioning from school to the adult services and aging parents caring for adult children have information about available services and supports, including the option of family directed services, and understand the process for applying for these services.

The Transparency Subcommittee is researching how the state's ten Area Agencies are connecting with these families; currently, each agency has its own unique policies and procedures for client intake and service delivery. Subcommittee members believe that individuals and families served by the developmental services system would benefit from a more consistent approach to provision of information and service delivery.

LIFE DOMAINS

The mission for the Quality Council's Domains Subcommittee is to ensure that quality indicators reflect New Hampshire State laws and inform MCO contracts so that services meet each person's quality of life needs. Initially, subcommittee members anticipated developing quality indicators for two life domains and creating measures and methods for determining whether the indicators are being met. This would be similar to earlier work the Council did to create quality indicators for the employment domain.

In researching the literature and contacting other states about this issue, subcommittee members came to the realization that this work was beyond the scope of what could be done by a six person volunteer committee. In addition, with Step 2 implementation of Medicaid Managed Care on the horizon, quality indicators would be needed for all life domains covered by LTSS. A monitoring system would need to be developed that would use quality indicators to assess MCOs performance. At the September 2014 meeting, the subcommittee recommended that Council ask DHHS to contract out this work.

Denise Sleeper, the Bureau of Developmental Services representative to the Council informed members that there is work going on in this area. She recommended that Dr. Doris Lotz, Medicaid Medical Director for New Hampshire be invited to talk about this at the next Quality Council meeting. Dr.

Lotz also serves on the national Advisory Panel for Improving Healthcare Systems for the Patient-Centered Outcomes Research Institute. The Institute, an independent, non-profit organization authorized by Congress, funds research to provide the evidenced-based information needed to make better informed health care decisions. Dr. Lotz is scheduled to attend the October 2014 Quality Council.

DEVELOPMENTAL SERVICES WAITLIST

The Bureau of Developmental Services regularly updates the Quality Council on the status of the wait list for developmental services. The wait list information as of March 31, 2014 indicated 69 individuals were waiting for services. At the May 2014 meeting, Council members expressed concern that the State law governing the developmental services waitlist was not being followed. Bureau Director Lorene Reagan met with Council at their July and September meetings to provide additional information on how the waitlist is managed and to answer questions. Director Reagan explained that the waitlist includes both individuals waiting to receive services for the first time, as well as individuals currently served by the system, but who are waiting for enhancements to their services.

IN SUMMARY

New Hampshire Developmental Services Quality Council continues to provide leadership for the review and improvement of New Hampshire's services to individuals with developmental disabilities and acquired brain injuries. The Quality Council has a diverse and active membership; those serving on the Council have given generously of their time and talents are committed to helping New Hampshire provide the best possible services for individuals and their families.

During this reporting period the Quality Council reviewed and made recommendations to proposed changes in the rules and regulations that govern New Hampshire's developmental services system. In addition, the Quality Council reviewed the Bureau of Developmental Services' Summary of Complaint Investigations, the Care Management and Employment Task Force Draft Report, and status reports on the developmental services waitlist. The Quality Council also reviewed National Core Indicators 2012-2013 Adult Outcome Survey and will be working in collaboration with the Community Services Network, Inc. in developing recommendations to improve the State's developmental and acquired brain disorders services system based on the NCI survey findings.

The Quality Council's primary focus has continued to be on the implementation

of Medicaid Managed Care. The Council is steadfast in its commitment to preserving the quality and scope of New Hampshire's developmental services system and strongly advocates against including long-term supports and services in the State's implementation of Medicaid managed care. Other Council priorities for the year included: expanding direct support professional training opportunities, developing a DSP certification program, and improving accessibility to information and general transparency in New Hampshire's developmental services system.

ADDENDA To

Addendum #1 - RSA 171-A:33

Addendum #2 – *New Hampshire Developmental Services Quality Council Appointed Members*

Addendum # 3 – *Letter to DHHS Commissioner Toumpas – October 18, 2013*

Addendum #4 – *Quality Council Medicaid Managed Care Presentation – August 20, 2014*

Addendum #5– *Letter to Bureau of Developmental Services – Re: Update on the DRC-NH White Paper Recommendations*

TITLE XII

PUBLIC SAFETY AND WELFARE

CHAPTER 171-A

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Developmental Services Quality Council

Section 171-A:33

171-A:33 Developmental Services Quality Council Established; Membership; Duties. –

I. There is established the developmental services quality council to provide leadership for consistent, systemic review and improvement of the quality of the developmental disability and acquired brain disorder services provided within New Hampshire's developmental services system. At least 51 percent of the members of the council shall be individuals with disabilities served by the system or parents of individuals served by the system. The members of the council shall be as follows:

- (a) The commissioner of the department of health and human services, or designee.
- (b) A representative of People First of New Hampshire, appointed by such organization.
- (c) A representative of Advocates Building Lasting Equality in New Hampshire (ABLE NH), appointed by such organization.
- (d) A representative of the Autism Society of New Hampshire, appointed by the society.
- (e) A representative of the Brain Injury Association of New Hampshire, appointed by the association.
- (f) Two representatives of the New Hampshire Developmental Disabilities Council, at least one of whom shall be a person with a developmental disability, appointed by the council.
- (g) Three representatives of local Family Support Councils, appointed by the state Family Support Council.
- (h) One direct support professional and one enhanced family care provider, appointed by the New Hampshire Developmental Disabilities Council.
- (i) Three representatives of area agency boards of directors including at least 2 persons with a developmental disability or family members of such persons, appointed by the Community Support Network Incorporated.
- (j) A representative of the Community Support Network Incorporated, appointed by such organization.
- (k) A representative of the Private Provider Network, appointed by such organization.
- (l) The director of the Institute on Disability, University of New Hampshire, or designee.
- (m) A representative of the Disabilities Rights Center, appointed by the center.

II. The groups represented under paragraph I are encouraged to provide, according to their ability, the in-kind and other resources necessary for the council to succeed. The council may request information and analysis on quality from the department of health and human services, area agencies, and providers. The council shall have access to all non-confidential information on quality for services funded all or in part by public funds.

III. The council shall regularly review information on the quality of developmental services in New Hampshire and make recommendations for improving service quality and the quality assurance and continuous improvement systems, including but not limited to:

- (a) Standards of quality and performance expected of area agencies and provider agencies.
- (b) Types of data to be collected, analyzed, and disseminated to determine whether standards are

being met.

(c) Quality assurance and oversight mechanisms to be used to gather data and information.

(d) Content, frequency, and recipients of quality evaluation and improvement reports.

(e) Expectations and procedures for following up on identified areas where improvements are needed.

(f) Structures, policies, rules, and practices, including staffing or organizational changes, to ensure that the developmental services system works as intended in RSA 171-A:1, including:

(1) Ways of supporting values-based and person-centered service planning and provision, as well as problem solving, innovation, and learning;

(2) Recognizing and disseminating what is working well (best/model practices); and

(3) Reviewing, interpreting, and disseminating data and information on a regular basis to bring about transparency for all stakeholders and the public.

IV. The council shall make an annual report beginning on November 1, 2010 that includes its recommendations and an assessment of the actions taken in response to previous recommendations to the governor, the speaker of the house of representatives, the president of the senate, the members of the house committee on health, human services and elderly affairs and the members of the senate committee on health and human services.

V. The meetings shall be convened by the commissioner of the department of health and human services, or designee, and shall meet regularly as determined by the council. The meetings shall be open to the public and subject to the provisions of RSA 91-A, the right-to-know law. The council may establish bylaws for governing its meetings, decisions, and other operations.

Source. 2009, 104:1, eff. Aug. 14, 2009.

**Quality Council Membership List
Notification/Distribution List
HB 483**

Updated September 2014

Agency/Organization	Person	Email
NH Department of Health & Human Services Term Expires: 9/2016	Denise Sleeper (Member) Bureau of Developmental Services 105 Pleasant Street Concord, NH 03301 Phone #: 271-5161	denise.sleeper@dhhs.state.nh.us
People First of NH Term Expires: 09/2016	Amber Parshley (Member) 281 Hill Rd Franklin, NH 03235 Phone #: 934-2153	parshleyamber@gmail.com
Advocates Building Lasting Equality in NH (ABLE) Term Expires: 9/2016	Denise Colby (Member) 81 Gardners Grove Rd Belmont, NH 03220	dsc4eva@aol.com
Autism Society of NH Term Expires: 9/2016	Brian Huckins	bhuckins@communitybridgesnh.org
Brain Injury Association of NH Term Expires: 9/2016	John Richards (Member) 3 Scott St. Peterborough, NH 03458 784-5144 Alternate: Lisa DiMartino	richardsjw@comcast.net garylisa@metrocast.net

Agency/Organization	Person	Email
<p>NH Council on Developmental Disabilities</p> <p>Term Expires: 9/2016</p>	<p>Kathy Bates (On 6 Month Leave) 42 Cornfield Drive Somersworth NH 03878 Phone #: 841-5700</p> <p>David Ouellette (Member)</p> <p>Carol Stamatakis/ (Alternate) NH Council on DD 21 South Fruit Street #22 Concord, NH 03301-2451 Phone #: 271-3236</p>	<p>wngsandwheels@comcast.net</p> <p>david.l.ouellette@ddc.nh.gov</p> <p>carol.m.stamatakis@ddc.nh.gov</p>
<p>NH Family Support Councils</p> <p>Term Expires: 9/2015</p> <p>NH Family Support Councils</p> <p>Term Expires: 09/2015</p>	<p>Debra McClure (Member) R5 Family Council Treasurer 71 Maplewood Drive Temple, NH 03084-4207 Phone #: 654-3060 (H) Phone #: 801-4264 (C)</p> <p>Laurie Giguere-Thomas (Member) R10 FS Council 8 Silverthorne Drive Salem, NH 03079 Phone #: 898-1072 (H) Phone #: 305-5178 (C)</p> <p>Maureen Fitzhenry (NEW Member) 37 Edgewood Rd. Durham, NH 03824 603-397-5694</p> <p>Ellen Boudreau (Alternate)</p>	<p>psnnco@msn.com</p> <p>lgiguere@comcast.net</p> <p>maureenfitzhenry@msn.com</p> <p>ellenaboudreau@yahoo.com</p>

Agency/Organization	Person	Email
Direct Support Provider Term Expires: 9/2016	Barbara Wilson (Member) 181 Belvedere Rd Gilsum, NH 03448 Phone #: 357-3985 (H) Cell: 209-2325 (C)	bw175@myfairpoint.net
Enhanced Family Care Provider Term Expires: 9/2016	Robin Carlson (Member) 11 Vinewood Lane Rochester, NH 03867 Phone #: 330-0314 (H) Phone #: 833-0392 (C)	robincarlson@metrocast.net
Area Agency Board of Directors Members Terms Expire: 9/2015 Area Agency Board of Directors Members Area Agency Board of Directors Members	Cathy Spinney - R10 (Member/Chair) 23 Gordon Ave Pelham, NH 03076 Phone #: 635-9014 William Cohen (Member) 99 Brown Hill Rd Bow, NH 03304 (603) 774-6595 Jennifer S. Pineo (Member) R1 FS Council Vice Chair & State FS Council Vice Chair 453A South Street Littleton, NH 03561-0672 Phone #: 616-7170	cspinney58@gmail.com william.cohen@comcast.net jennpineo@yahoo.com
Community Support Network Incorporated (CSNI) Term Expires: 09/2016	Chris Santianello Executive Director LRCS, CSNI Member 719 North Main St. Laconia, NH 03246 Phone #: 581-1500	christine.santaniello@lracs.org

Agency/Organization	Person	Email
Private Provider Network (PPN) Term Expires: 9/2015	Brian Young (Member) Nashua Center 18 Simon Street Nashua, NH 03060 (603) 883-6163	byoung@nashuacenter.org
Institute on Disability Term Expires: 9/2015	Linda Bimbo (Member) Institute on Disability 56 Old Suncook Rd Concord, NH 03301 Phone #: 228-2084	linda.bimbo@unh.edu
Disabilities Right Center Term Expires: 9/2015	Richard Cohen (Member) Executive Director Disabilities Rights Center 18 Low Avenue Concord, NH 03301 Phone #: 228-0432 Ext. 115	richardc@drconh.org

**NEW HAMPSHIRE
DEVELOPMENTAL
SERVICES
QUALITY COUNCIL**

Bureau of Developmental Services
105 Pleasant Street
Concord, NH 03301

Phone: 603-271-5143

Cathy Spinney, President
Area Agency Board Member

Members

Kathy Bates
NH Council on Developmental Disabilities

Robin Carlson
Enhanced Family Care Provider

Dick Cohen
Disability Rights Center

Matthew Ertas
Bureau of Developmental Services

Laurie Giguere
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Brian Young
Private Provider Network

Chrystal Johnson
People First of New Hampshire

Peter Flemming
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Maureen Fitzhenry
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John Richards
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Jonathan Drake
Institute on Disability

Barbara Wilson
Direct Support Provider

Coordinator

Denise Sleeper
Bureau of Developmental Services

18 October 2013

Nicholas Toumpas, Commissioner
Department of Health and Human Services
129 Main Street
Concord, NH 03301

Re: Recommendation from the Developmental Services Quality Council relative to Managed Care and Independent Quality Assurance

Dear Commissioner Toumpas:

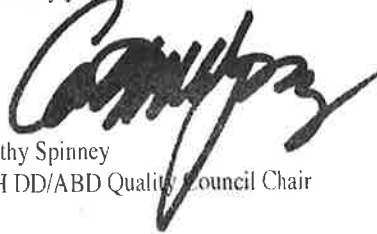
On October 15, 2013, the Developmental Services Quality Council approved a recommendation to the Department relative to External Quality reviews of Step II of Managed Care. Pursuant to its responsibility under RSA 171-A:33 (III), the Council recommends that an independent Quality Assurance Division be established within or outside of NH DHHS to develop the metric performance indicators and implement sound methodologies to determine whether the indicators have been met. The recommendation is attached.

Because the creation of an independent division may require legislation, the Council, at its September 10 meeting, requested that Council member Dick Cohen meet with Representatives Jim MacKay and Mariellen MacKay in advance of the House filing deadline for legislation. Both were receptive to the proposal though an LSR has not been filed at this time. The Representatives and Dick Cohen met with Associate Commissioner Nancy Rollins, Bureau Director Matthew Ertas and Denise Sleeper of BDS last week to discuss the details of the proposal.

Although the Council is on record in opposition to DD LTSS being included in commercial managed care, should their inclusion in Step II go forward, or should they be included in any system redesign, we strongly request that the Department consider this recommendation and the concepts put forth in it as the model that should be adopted to help assure/promote quality services and lives.

The Council committee members who prepared this proposal would be happy to meet with you to provide clarification, answer questions and help advance the proposal.

Sincerely yours



Cathy Spinney
NH DD/ABD Quality Council Chair

cc: Nancy Rollins, Associate Commissioner
Matthew Ertas, Bureau Director
Representative Jim MacKay
Representative Mariellen MacKay



Medicaid Managed Care

August 20, 2014



Quality Council

- Signed into law by Governor John Lynch in 2009.
- Grew out of recommendations contained in SB 138 report, Quality Improvement Committee Report, released in 2008.
- Mission: Provide leadership and recommendations to DHHS/BDS and the regional service delivery system to assure and improve the quality of services impacting the quality of life for people served.



Quality Council Membership

- DHHS (1)
- People First of NH (1)
- ABLE NH (1)
- Autism Council (1)
- Brain Injury Association (1)
- Institute on Disability (1)
- NH Council on Developmental Disabilities (2)
- Family Support Council (3)
- Direct Support (1)
- Enhanced Family Care (1)
- AA Board of Directors (3)
- Private Provider Network (1)
- Disability Rights Center (1)
- CSNI (1)



Medicaid Managed Care

- The Quality Council has a Medicaid Managed Care Sub-committee.
- The purpose of this sub-committee is twofold:
 - To advocate for and support the omission of DD/ABD services from inclusion in Commercial Managed Care
 - To provide guidance for system design to the Department of Health and Human Services should Commercial Managed Care for long-term services become a reality in New Hampshire.



Committee Membership

- Brian Young
- Cathy Spinney
- Chris Santaniello
- Cindy Robertson*
- Deb McClure

*advisory members,
non voting

- Jenn Pineo
- Maureen Fitzhenry
- Peter Fleming
- John Richards
- Rebecca Whitley*
- Sarah Aiken*
- DHHS Liaison, Karen Kimball*



Committee Work

- We have identified important aspects of the current Developmental Services System that must be maintained and included in a Commercial Managed Care environment.
- We have identified additional “must haves” as related to either:
 - Systemic Quality,
 - Individual Experience of Quality of Life, or
 - Caregiver Quality of Life.



Committee Work

- The following slides show the topic areas the sub-committee has identified thus far.
- The committee will be defining and detailing each topic area. The recommendation will include what a long-term Managed Care System **MUST** include for individuals with developmental disabilities and/or acquired brain disorders, and their families.
- A final recommendation will be brought to the full Quality Council this fall for a vote.
- Upon approval of the Council, we will offer the work product to BDS and DHHS for consideration and inclusion in any future MCO contracts.



Topic Areas

- Transportation
- Local Control/Retain all 10 non-profit Area Agencies
- Ongoing Education for People with disabilities
- Staff Training and Education
- Prior Authorization
- Family Support Councils
- Funding Control by Area Agencies and Individuals
- Retention of flexibility
- Choice of Case Manager
- Choice of providers/cross-network & out-of-network access
- Choice- “within the limits of human knowledge” (RSA171:A)
- No waitlists
- MCOs Must follow all current rules/laws
- Ombudsman program/independent Quality Oversight entity



Topic Areas

- Follow best practices for specific disability
- IEP services
- All plans must be individualized (NO one-size fits all)
- MCO's must NOT have veto power over Individual Service Plans (ISPs)
- Annual quality reviews of the MCO plans by stakeholders
- Incidence report reviews
- Caps on MCO profits and GM fees for Long-term Supports and Services (LTSS)
- People First language training for MCO Management/Staff and all working with individuals and families
- Social Role Valorization (SRV) training for MCO Management/Staff
- Adherence to the plain language laws
- Appropriate crisis response
- Respite



Topic Areas

- Family-to-Family/Peer support
- Standard documents for all MCO's
- Consumer Directed Service (CDS) Plans
- Community Participation
- Must have 1/3 members with a disability/Family on all MCO Boards
- Supports Intensity Scale (SIS)-define how it can be used
- Health Homes
- MCO Infrastructure
- Voluntary enrollment
- Team coordinators for all dual diagnosed individuals
- Reinvesting ALL "surplus" dollars back from DD/ABD system into the DD/ABD system
- Assistive technology-funding and support
- Reallocation allowance
- Pay families for hours they are acting as direct support staff



Topic Areas

- Conflict-free case management
- No institutional care
- Rebalancing Data
- Network Adequacy, as defined by system users
- Quality Measurements, Data and Independent Quality Evaluation
- State and Federal Oversight and Monitoring
- Appeals and Grievances
- Advocacy Support for Enrollees
- Managed Care Advisory Committee
- Meaningful Systemic Stakeholder Involvement
- Coordination of Medicare and Insurance Services for Dually Eligible Enrollees
- HCBS Benefit Packages
- Cultural Competence



Topic Areas

- Nursing Facility Diversion and Transition
- Characteristics of Home and Community-Based Settings
- Financing
- MCO role
- Forensic Role
- Rights, Rules and Laws
- Community Access and Integration
- Employment/Volunteer Opportunities
- Housing
- Service Plan Control
- Individual Rights and Civil Rights
- Care Coordination
- Self-Direction



Topic Areas

- Continuity of Care
- Plans of Care & Person-Centered Planning-
- Financing



Missing Any?

- Are we missing any topic areas?



Next Steps

- Finish defining topic areas and adding specifics
- Present as a recommendation to the full Quality Council in the fall.
- Once approved by the Quality Council, it will then be given to the Department of Health and Human Services.

New Hampshire Developmental Services Quality Council

3 October 2014

Lorene Reagan, Administrator
Department of Health and Human Services
Bureau of Developmental Services
105 Pleasant Street
Concord, NH 03301

Re: Update on the DRC-NH White Paper Recommendations

Dear Lorene:

Pursuant to Commissioner Toumpas' request, over the past two years the Developmental Services Quality Council has developed recommended proposals and action steps to implement a number of recommendations from the November 2011 DRC-NH White Paper, "*The DRC-NH White Paper: Examining Preventable Deaths in the Developmental Service System: A Call to Action - Keeping Vulnerable Citizens Safe from Harm*". As these proposals and recommended action steps have been finalized, they have been transmitted to the Commissioner and/or your predecessor, Matthew Ertas. Indeed most of them have been done in collaboration with and have received Matthew's concurrence. While this has been a collaborative undertaking, for the most part we have not received a formal response from the Commissioner or your office as to whether the proposals/action steps have been or will be accepted or implemented.

Given the subject matter and findings of the White Paper and the information and evidence relied on, including the Department's own reports and findings, we feel that both a response and action are necessary and appropriate.

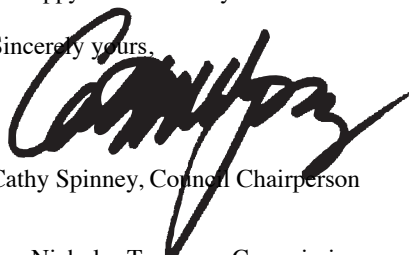
As you know, the vast majority of the recommendations in the White Paper were actually taken and reiterated from prior DHHS reports or legislatively or gubernatorially created commissions/committees of which DHHS/BDS and Area Agencies were a part. This includes most notably and recently the 2010 DHHS/BDS High Cost Review Committee Report. The recommendations in the High Cost Review Committee Report were particularly detailed.

It would seem to make abundant sense before the Quality Council proceeds further down the list of White Paper recommendations that we receive a status report from the Department on whether and how it is proceeding on each recommendation. As indicated, most of the recommendations are the Department's own or those in which it played a significant role. It would also save the Council, who are made up of volunteers with other responsibilities, enormous time if appropriate steps have been or are being taken to address the issues.

For mutual convenience, I have enclosed a chart that we have been using to consider and work on the recommendations. We have modified it to enable you to easily provide a response by using Column V. The requested response would be either what the Department has done in regard to the original recommendation listed in Column I, or what has been done in regard to the specific proposals or action steps the Quality Council has made as set forth in Column IV, or both as applicable. As noted in the chart, we are looking not only for the activities and actions that have been implemented, but the quantitative and qualitative effect they have had.

You can of course attach documents or use another format to provide the same information. If you or your staff need further clarification, you may contact Dick Cohen, the Chair of the Quality Council White Paper Subcommittee. We would request a response by October 31, 2014. The subcommittee or representatives of the QC subcommittee who have been working on this would be happy to meet with you as well.

Sincerely yours,



Cathy Spinney, Council Chairperson

cc: Nicholas Toumpas, Commissioner

¹The others were DHHS' Renewing the Vision, 2001; Governor's (Lynch) Study Commission on Area Agencies, 2005; 2006 Fire Marshall and DHHS reports; SB 138 Workforce Development Committee Report (2007) mandated by the Legislature in SB 138 (2007); and The SB 138 Quality Improvement Committee Report (2008) mandated by the Legislature in SB 138 (2007).

Cathy Spinney, Chair
Area Agency Board Member

Robin Carlson, Vice Chair
Enhanced Family Care Provider

Members

Linda Bimbo
Institute on Disability

Dick Cohen
Disability Rights Center

William Cohen
Area Agency Board Member

Denise Colby
ABLE New Hampshire

Katie Epstein
NH Council on Developmental Disabilities

Maureen Fitzhenry
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Brian Huckins
NH Council on ASD Member

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